

ROOSEVELT HIGH SCHOOL FIELD TRIP ABSENCE FORM

Directions

RHS Staff Lead Chaperone: 1) Use one form per trip 2) Complete the highlighted portions 3) Print and make a copy for each student 4) On the day of the trip, submit a list of students to the Attendance Office 5) Signed, original forms must be carried by the lead chaperone 6) When you return, submit original forms to the Attendance Office

Students 1) Write your ID Number and Name 2) Sign the Student Agreement 3) Have your teachers initial in appropriate box 3) Turn in to staff after completion

Parents 1) Sign Parent Agreement 2) Sign Risk Acknowledgement and Medical Authorization on reverse side

Student ID Number _____ Student Name _____

Date(s) of Absence _____ **Destination** _____

Staff Lead _____ **Leave Time** _____ **Return Time** _____

Teachers initial appropriate space	1	2	3	4	5	6
Will NOT need to make up any work						
WILL require make up work						
Will affect class progress and work CANNOT be made up						
Puts student in danger of lower grade or failure						
Current Grade In Class:						

Transportation: School Bus Public Transit Walking Private/Auto: Adult / Student (circle)

PARENT AGREEMENT

I have read the above, and I am aware of the teacher comments regarding the effect(s) of this absence on the student's class progress. My signature below shows that I give permission for the absence.

Signature of Parent/Guardian _____ Date _____

STUDENT AGREEMENT

While participating in this field trip, I understand I will be a representative of SPS and my school community. I understand that appropriate standards must be observed, and I will accept responsibility of maintaining good conduct and abide by school-based rules and the Seattle Public Schools' Student Rights and Responsibilities Code of Conduct.

Student Signature _____ Date _____

Please read and sign both sides of this form.

AUTHORIZATION AND ACKNOWLEDGMENT OF RISKS

I understand that my/my child's participation in this field trip is voluntary and may expose me/my child to some risk(s). I have read and understand the description of the field trip (on Page 1 of this form) and authorize myself/my child to participate in the planned components of the field trip.

I assume full responsibility for any risk of personal or property damages arising out of or related to my/my child's participation in this field trip, including any acts of negligence or otherwise from the moment that my student is under Seattle Public Schools (SPS) supervision and throughout the duration of the trip. I further agree to indemnify and to hold harmless SPS and any of the individuals and other organizations associated with SPS in this field trip from any claim or liability arising out of my/my child's participation in this field trip.

I also understand that participation in the field trip will involve activities off of school property; therefore, neither the Seattle Public Schools, nor its employees nor volunteers, will have any responsibility for the condition and use of any non-school property.

I understand that SPS is not responsible for my/my child's supervision during such periods of time when I/my child may be absent from a SPS supervised activity. Such occasions are noted in the "Supervision" section on page 1 of this agreement.

I state that I have/my child has read and agree(s) to abide by the terms and conditions set forth in the SPS Student Rights & Responsibilities, and to abide by all decisions made by teachers, staff, and those in authority. I agree that SPS has the right to enforce these rules, standards, and instructions. I agree that my/my child's participation in this field trip may at any time be terminated by SPS in the light of my/my child's failure to follow these regulations, or for any reason which SPS may deem to be in the best interest of a student group, and that I/my child may be sent home at my own expense with no refund as a result. In addition, chaperones may alter trip activities to ensure individual and/or group safety.

MEDICAL AUTHORIZATION

I certify that I am/my child is in good physical and mental health and I have/my child has no special medical or physical conditions which would impede participation in this field trip.

I agree to disclose to SPS any medications and/or prescriptions which I/my child shall or should take at any time during the duration of the field trip.

In the event of serious illness or injury to my child/ward, I expressly consent by my signature to the administration of emergency medical care, if in the opinion of attending medical personnel, such action is advisable. Further, I authorize the chaperones listed to act on my behalf as parent/guardian of my child/ward while participating in the above described trip including the admittance to and release from a medical facility.

_____ My child **DOES NOT** require medication during this trip.

_____ My child **DOES** require medication during this authorized trip.

If you checked yes, please describe in the space below the type of medication and the required administration of this medication. If medication is taken on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it may be given again.

If the applicant is at least 18 years of age, the following statement must be read and signed by the student:

I certify that I am at least 18 years of age, that I have read and that I understand the above Agreement, and that I accept and will be bound by its terms and conditions.

_____ **Student Signature**

_____ **Date**

If the applicant is under 18 years of age, the following statement must be read and signed by the student's parent or legal guardian:

I certify that I am the parent and legal guardian of the applicant, that I have read and that I understand the above Agreement, and that I accept and will be bound by its terms and conditions on my own behalf and on behalf of the student.

I give permission for: _____ to participate in all aspects of this trip.
(student)

_____ **Parent/Guardian Signature**

_____ **Date**

The student, if at least 18 years of age, or the parent/legal guardian must complete the information below:

Print First and Last Name: _____

Address: _____

Telephone: (Cell) _____ (Home) _____ (Work) _____

Emergency Contact's First and Last Name: _____

Relationship to Student: _____

Emergency Contact's Telephone #s: _____